

PART B - FEE(S) TRANSMITTAL

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1473 7590 10/25/2006

FISH & NEAVE IP GROUP
 ROPES & GRAY LLP
 1251 AVENUE OF THE AMERICAS FL C3
 NEW YORK, NY 10020-1105

10/30/2006 RHEBRAH1 00000021 061075 10668768

01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:4001 APPLICATION 45.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/668,768

09/22/2003

James J. Fallon

8011-1 CIP CON

3325

TITLE OF INVENTION: CONTENT INDEPENDENT DATA COMPRESSION METHOD AND SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, LINH V	2819	341-051000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Fish & Neave IP Group of Ropes & Gray LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Realtime Data LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1075 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jeffrey D. Mullen

Date October 27, 2006

Typed or printed name

Registration No. 52,056

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